MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

08823

Reg. Dist. No. 2-60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset Co

City or town Westover R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Rural Westover Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME Oliver Mendell Bailey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1884

8. AGE: Years 55 | Months 8 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Giatto W Virginia (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name M E Bailey

FATHER 13. Birthplace W Virginia

MOTHER 14. Maiden name Mary Jane Hutchinson

MOTHER 15. Birthplace W Virginia

16. Informant Lillie Bailey

Address Crumbs city md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 11, 1940 (month) (day) (year)

Cemetery or crematory Perryhawkin.

Location Perryhawkin.

19. Funeral director Dale Dashiell

Address Princess Anne Md.

19. Aug 10 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 5 1940, and that I last saw h— alive on July 1 1940.

Immediate cause of death	DURATION
Acute Dilatation Cong. Cachexia	
Due to Carcinoma of Rectum metastasis of Liver	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Coulbourn M D M. D. or other

Address Princess Anne Md Date signed Aug 10 40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

08824

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:

County Somerset

City or town Near Pocomoke City, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Somerset

City or town Rural Near Pocomoke Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓ (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Missouri Florence Brittingham

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ John A. Brittingham

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) July 22, 1866

8. AGE: Years 74 | Months 1 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Pocomoke, Somerset, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Elijah Gibbons

13. Birthplace Md

MOTHER 14. Maiden name Adaline F. Dryden

15. Birthplace Md

16. Informant John A. Brittingham

Address Pocomoke City, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 3, 1940 (month) (day) (year)

Cemetery or crematory Emanuel M. E. Cemetery

Location Near Pocomoke City, Md.

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. Sept 2 1940 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31st 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1937, to Aug. 31 1940, and that I last saw b CV alive on Aug 31st 1940.

Immediate cause of death: Ch. Myocardial Failure Hypertension

Due to: Generalized arterial Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 yrs. unknown; unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Princess Anne Date signed 9/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

08825

Reg. Dist. No. 761

1. PLACE OF DEATH:

County: Somerset

City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: William Edward Brittingham

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Ella Katherine Brittingham Deseased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 22 1866

8. AGE: Years	Months	Days	If less than one day
74	0	23	..... hrs. ..... min.

9. Birthplace: ? Somerset Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Joseph Brittingham
13. Birthplace: Somerset County

MOTHER
14. Maiden name: Sally Cottman
15. Birthplace: Somerset County

16. Informant: Edwin C Brittingham
Address: Baltimore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 18 1940 (month) (day) (year)

Cemetery or crematory: St Pauls Cemetery

Location: Marion Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 8/18 1940 Amelia P. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 16 1940 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about 6 hours before 10 hours, to ..... 19..... and that I last saw h— alive on Aug 10 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Coming Entoli	
Due to: Senile arter Sclerosis	10 yrs
Chron myocardelos	
Due to: Chron Int nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George L Cardinum M D
M. D. or other

Address: Marion Md Date signed: Aug 17 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 3 1940
BUREAU V. S.

08826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: East B. Anne Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: B. Anne Md - R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Delsa Mae Cannon

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: ✓

✓ 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 7th 1935

8. AGE: Years: 5 Months: - Days: 19 If less than one day ____ hrs. ____ min.

9. Birthplace: Somerset Co (Town, county, and state)

10. Usual occupation: Home

11. Industry or business: Home

FATHER

12. Name: Osca Cannon

13. Birthplace: Somerset Co

MOTHER

14. Maiden name: Lilly Pack

15. Birthplace: Somerset Co.

16. Informant: Father

Address: B. Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 28-40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: West Post Office

18. Funeral director: Jas. I. Dennis

Address: Dennis Anne Md

19. Aug. 26 1940 (Date rec'd by registrar) G. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 26th 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Bronchopneumonia — DURATION: 5 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: G. J. Smith M. D. or other

Address: Dennis Anne Md Date signed: 8/26 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

08827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: Somerset

County

City or town Fairmount

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 80 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Fairmount Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Catherine Catlin

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Samuel F Catlin

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 80 yrs | Months ? | Days ? | If less than one day hrs. min.

9. Birthplace ~~Hopewell~~ Fairmont, Md.

(Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business

FATHER 12. Name Hezekiah Parks

13. Birthplace Hopewell Md

MOTHER 14. Maiden name Amelia Calborn

15. Birthplace Hopewell Md

16. Informant Aloyo Parks

Address Fairmount Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 1 1940 (month) (day) (year)

Cemetery or crematory Fairmount Cem.

Location Fairmount Md

18. Funeral director John A Bradshaw

Address Princess Anne Md

19. Sept 1st 1940 (Date rec'd by registrar) K. O. Dickinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1940, at 1 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Arteriosclerosis Found dead on floor

Due to Unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill to the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Smith M. D. or other

Address Princess Anne Md Date signed 8-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08828

1. PLACE OF DEATH (940)

County Somerset Registration Dist. No. 262

Village or City R.F.D. Pocomoke City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney Dickerson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: Black | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elona Dickerson

6. DATE OF BIRTH (month, day, and year): Sept 11 - 1882

7. AGE: Years ~~58~~ 57 | Months ~~11~~ | Days ~~12~~ | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): ~~Nov~~ 12/40 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Pocomoke City (State or country) Md

FATHER

13. NAME: Joseph Atkinson

14. BIRTHPLACE (city or town): Somerset County (State or country) Md

MOTHER

15. MAIDEN NAME: Henrietta Collins

16. BIRTHPLACE (city or town): Somerset County (State or country) Md

17. INFORMANT (Address): Elona Dickerson Pocomoke Md

18. BURIAL, CREMATION, OR REMOVAL

Place Turleys Cemetery Date 8-26-, 1940

19. UNDERTAKER: John A. Bradshaw

(Address) Pocomoke City, Md.

20. FILED Aug 26, 1940 Mrs. Clayton Waine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 23 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 8:45 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

William H. Coulbourn, M.D. Deputy Medical Examiner for Somerset County, Md.

Menner of Injury

Neture of Injury

24. Wes disease or Injury in eny way related to occupetion of deceased?

If so, specify

(Signed) W H Coulbourn M. D.

(Address) Crisfield, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-C)

08829

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town near Cristfield, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Rural Near, Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Edgar F. Dryden

3. (b) Social Security Number ✓

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sallie C. Dryden

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) September 15, 1871

8. AGE: Years 68 Months 11 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace near Pocomoke, Somerset, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frank Dryden
13. Birthplace Md

MOTHER
14. Maiden name Elizabeth Powell
15. Birthplace Md

16. Informant Clifford Dryden
Address Pocomoke City, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 1, 1940 (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Rehoboth, Md

18. Funeral director Margarette L. Watson
Address Pocomoke City, Md

19. 9/1 1940 (Date rec'd by registrar) Aurelia P. Lawson Deputy Registrar

C. E. Collins, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Aug 29 1940, and that I last saw him alive on Aug 29 1940.

Immediate cause of death: Acute Dil of Heart

Due to Uremia. Dilatation Prostate

Due to Chronic Nephritis Chronic myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess of Prostate

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M D
M. D. or other

Address Mevrin Sta Md. Date signed Aug 30 40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154)

CERTIFICATE OF DEATH

08830

Reg. Dist. No. 266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Smith Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Smith Island
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Charles Branford Evans

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: None
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 13 1927

8. AGE: Years	Months	Days	If less than one day
12	8	18	hrs. min.

9. Birthplace: Smith Island Somerset Md (Town, county, and state)
10. Usual occupation: School Student
11. Industry or business

FATHER
12. Name: Charles Evans
13. Birthplace: Smith Island

MOTHER
14. Maiden name: Cathrine Evans
15. Birthplace: Smith Island

16. Informant: Charles Evans
Address: Smith Island Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 2 1940 (month) (day) (year)
Cemetery or crematory: Ewell Cemetery
Location: Smith Island

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Sept 2 1940 (Date rec'd by registrar) Carrie M Kitching Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31 1940 at 11 15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Accidental Rifle Shot wound through Abdomen	
Due to: Internal Concealed Hemorrhage	
Due to:	
Other conditions: Shock.	

(Include pregnancy within three months of death)

Major findings of operations: William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
Date of op... FOR SOMERSET COUNTY, MD.
Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date 8.31.40
Where did injury occur? Ewell Somerset Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) In Boat
Means of injury: Rifle Bullet Injured at work? no

23. SIGNATURE: Wm H Coulbourn M D
M. D. or other
Address: Crisfield Md Date signed: Sept 2-40

RECEIVED
OCT 3 1940
BUREAU V. S.

08831

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Not known

3. (a) FULL NAME William Garrett

3. (b) Social Security Number Not known

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Not known

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 49 Months ? Days ? If less than one day hrs. min.

9. Birthplace Not known (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business ✓

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden name Not known

15. Birthplace

16. Informant No information

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 14 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Wesley Cemetery near

Location Princess Anne, Md

18. Funeral director William James & Son

Address Princess Anne, Md

19. Aug 10 1940 (Date rec'd by registrar) G J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1940, at 1 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Hemorrhage (Pulmonary)

Due to Probably tuberculosis c.w.b.s.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

Means of injury

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

23. SIGNATURE Henry M. Lankford, M.D. M. D. or other

Address Princess Anne, Md Date signed 8/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

08832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Caroline Jones

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Robert Jones

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1847

8. AGE: Years 93 Months 4 Days 16 If less than one day hrs. min.

9. Birthplace Wicomico County
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden name ✓
15. Birthplace ✓

16. Informant Lester Jones

Address Mt. Vernon

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Aug 5, 1940
(month) (day) (year)

Cemetery or crematory John Wesley Church

Location Mt. Vernon, Md.

18. Funeral director Dale Dashiell

Address Princess Anne, Md.

19. Aug 5th 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5th 1937, to 1940, and that I last saw h[illegible] alive on ~~July~~ Aug. 2nd 1940.

Immediate cause of death Myocardial Failure

Due to Generalized Arterial Sclerosis

Due to Senility

Other conditions Fracture of rt. hip, due to accidental fall, cwzR.
(Include pregnancy within 3 months of death)

Major findings: fell down steps.

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident. Date of April 5, 1937.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury fell down steps. Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Princess Anne Date signed 8/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

08833

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Crisfield No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Longcor If U. S. Veteran, specify WAR .....

(a) Residence: No. Washington D.C. St., ... Ward. ..... ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Sept. 9 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Coal Dock Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Avoca (State or country) N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Charles C. Longcor (Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Wheeler Cem N.Y. Date Aug 13, 1940

19. UNDERTAKER John A. Bradshaw (Address) Crisfield Md

20. FILED August 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 10 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h— alive on ....., 19—; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Natural Causes	
Chronic Myocarditis	
Acute Cardiac Dilatation	
Arteriosclerosis	

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

JOHN H. COULBOURN, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Coulbourn M. D.

(Address) Crisfield Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 4 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

98834

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (120-b)

County Somerset Registration Dist. No. 270

Village or City Hopewell No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 74 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Miles If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): June 27 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Hopewell Md

FATHER

13. NAME: Thomas Miles

14. BIRTHPLACE (city or town) (State or country): Hopewell Md

MOTHER

15. MAIDEN NAME: Eliza Holland

16. BIRTHPLACE (city or town) (State or country): Hopewell Md

17. INFORMANT (Address): George T Miles Hopewell Md

18. BURIAL, CREMATION, OR REMOVAL Place: Burial Date: Aug 4 1940

19. UNDERTAKER (Address): John A Bradshaw Crisfield Md

20. FILED Aug. 3, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug (Month) 2, (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 11 1940, to August 1 1940, that I last saw h.. alive on August 1 1940; death is said to have occurred on the date stated above at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	1938

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. L. Downey M. D.

(Address) Crisfield Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 4 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

08835

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ?

Hospital, institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Elizabeth Morgan

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Fra nk Morgan

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): June 16 1867

8. AGE: Years	Months	Days	If less than one day
73	1	25	... hrs. ... min.

9. Birthplace: ? Northhampton Virigina
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: ?

MOTHER
14. Maiden name: Unknown
15. Birthplace: ?

16. Informant: W C Fleetwood
Address: Crisfield Md

17. Buria l (Burial, cremation, or removal. Which?) Date thereof: Aug 13 1940 (month) (day) (year)

Cemetery or crematory: St Peters Cemetery

Location: Hopewell Md

18. Funeral director: JohnA Bradshaw
Address: Crisfield Md

19. Aug. 12, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11 1940, at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1940, to Aug 11 1940 and that I last saw her alive on Aug. 10 1940

Immediate cause of death	DURATION
Thrombo-angiitis obliterans	1 mo
Due to Chronic myocarditis	1 yr.
Due to	
Other conditions Terminal erysipelas	2 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. M. Peyton M. D. M. D. or other

Address: Crisfield, Md Date signed: Aug. 22 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08835

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (B)

County Somerset Registration Dist. No. 260

Village or City Mt Vernon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lollie Sarah Pinkett If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	Col	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, dey, and yaar) Aug 18 40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month end yaar) ...

11. Total time (yaars) spant in this occupation ...

12. BIRTHPLACE (city or town) Somerset County
(State or country) Maryland

FATHER

13. NAME Roy Mayland Pinkett, Jr

14. BIRTHPLACE (city or town) Mt Vernon
(State or country) Somerset Co. Md

MOTHER

15. MAIDEN NAME Lollie Louise Wallace

16. BIRTHPLACE (city or town) Wicomico Co.
(State or country) Maryland

17. INFORMANT Roy M. Pinkett, Jr
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Saint Paul's Date Aug 18, 1940

19. UNDERTAKER Dale Bashiell
(Address) Princess Anne Md

20. FILED Aug 18, 1940 J J Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 18 (Dey) 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1940 to Aug 18, 1940

I last saw him alive on Stillborn, 19...; deeth is said to have occurrad on the date stated abova, at 2:30A m.

The PRINCIPAL CAUSE OF DEATH and releted causas of importance wara as follows:

	Date of onset
Still born Infant	

Other Contributory Causes of importance:

Name of operetion ... Dete of ...

What last confirmad diegnosis? ... Was thera an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? ... Date of Injury ..., 19...

Whara did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Netura of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signad) Edna G. Handsman M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08837

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Marion R D
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hosp

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Marion R D Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Archie William Powell

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not [illegible] [illegible] 10 -

8. AGE: Years 60 Months 7 Days 23 If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Lumber

11. Industry or business

FATHER
12. Name Lewis William Powell
13. Birthplace Md.

MOTHER
14. Maiden name Julia Bradley
15. Birthplace Md.

16. Informant Robert Unison

Address Marion Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Aug 9 1940
(month) (day) (year)

Cemetery or crematory St Peters Cemetery

Location Near Marion Md

16. Funeral director John A. Bradshaw

Address Crisfield Md

19. 8/9 1940 Aurelia B. Lawson
(Date rec'd by registrar) Registrar Deputy

C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1940, to Aug 6 1940, and that I last saw h— alive on Aug 6 1940.

Immediate cause of death
Shock Uremia
Acute Dis of Heart
Due to Internal Injuries
Fractured leg.
Due to Auto accident

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Slide by Car [illegible] Date of Aug 3 40

Where did injury occur? Slide Road 1 mile North [illegible]
(City or town) (County) (State)

Injured at home, ~~farm~~, industry, public place (where?) Sent to Md

Means of injury Struck by Auto Injured at work? no

23. SIGNATURE George C. Coulbourn M D
M. D. or other

Address Marion Md Date signed Aug 7 40

Acting Owner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

08838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 761

1. PLACE OF DEATH:

County: Somerset

City or town: Manokin
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Manokin
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Henry Harrison Richardson

3.(b) Social Security Number: None

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

8.(b) Name of husband or wife: Rosie Jane Richardson

Deseased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 14 1844

8. AGE: Years 75 | Months 8 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace: ? Somerset Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Richardson
13. Birthplace: Somerset County

MOTHER
14. Maiden name: Susan Matthews
15. Birthplace: Somerset County

16. Informant: Robert Richardson

Address: Manokin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 25 1940 (month) (day) (year)

Cemetery or crematory: Fairmount Cemetery

Location: Fairmount Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 8/25 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 23 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at intervals for last 10 years, to ..... 19..... and that I last saw him alive on Aug 1 1940

Immediate cause of death	DURATION
Coronary Embolic	
Acute Dil of Heart	
Due to Chron Myocarditis	10 years
Chron Int Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George C. Cornelius M D
M. D. or other

Address: Manokin Md Date signed: Aug 24, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-B)

08839

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
County: Somerset
City or town: Near Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Near Pr Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Hottie Schumann

3. (b) Social Security Number: None

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carl Schumann
6 (c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): April 8 1875
8. AGE: Years 65 Months 4 Days 15 If less than one day ___ hrs. ___ min.
9. Birthplace: Chicago Ill. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Andrew Linne
13. Birthplace: Sweden
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Carl Schumann
Address: Near Princess Anne
17. (Burial, cremation, or removal. Which?) Date thereof: Aug 28 1940 (month) (day) (year)
Cemetery or crematory: St Andrews
Location: Princess Anne
18. Funeral director: P M Smith
Address: Princess Anne
19. Aug 27th 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 23rd 10 P.M. 40, st ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1940, to Aug 23rd 1940, and that I last saw her alive on Aug. 23rd 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 6 mo.
Due to
Due to
Other conditions: Ch. Myocardial Failure — 8 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Thos. B. Whaley M.D. (M.D. or other)
Address: Princess Anne — Date signed: 8/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08840

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Wm E. Sterling

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 10 1867

8. AGE: Years: 73 Months: 3 Days: 10 If less than one day ____ hrs. ____ min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)

10. Usual occupation: Oysterman & Planter

11. Industry or business: Oyster Planter & Seller

FATHER
12. Name: Noah E. Sterling
13. Birthplace: Somerset Co. Md

MOTHER
14. Maiden name: Mary Ann Sterling
15. Birthplace: Somerset Co. Md.

16. Informant: Mrs. Wm C. Sterling
Address: Crisfield, Md. R.F.D.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: Aug 22nd (month) (day) (year)

Cemetery or crematory: Sunny Ridge Cemetery

Location: near Crisfield

18. Funeral director: F. S. Lawson & Son
Address: Crisfield, Md.

19. Aug 21 1940 C E Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. ~~Nov~~ 20th 1940, at 5.50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21 1940, to Aug 20 1940 and that I last saw him alive on Aug. 20 1940.

Immediate cause of death: Cerebral Coma

Due to: Cerebral Hemorrhage

Due to: Cardio-vascular-renal disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas. R. Schwatka
M. D. or other

Address: Crisfield Date signed: Aug 20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

08841

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Rehobeth Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Rehobeth Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Mm.

3. (a) FULL NAME Vessey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
not bn.	white	—

B (b) Name of husband or wife Mm

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace McCready Hosp
(Town, county, and state)

10. Usual occupation Mm

11. Industry or business —

FATHER
12. Name Guy Vessey
13. Birthplace Washington State

MOTHER
14. Maiden name Ethel Vessey
15. Birthplace Md.

16. Informant Guy Vessey
Address Rehobeth Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Placenta

Location Cremated at Hosp.

18. Funeral director

Address

19. 8/31 1940 Aurelia B. Lawson Deputy Registrar
(Date rec'd by registrar)

C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Not bn. 8/8/40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death — DURATION
about 3 1/2 months
Placenta pennanda Aug 8 40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry C. Coulbourn M. D. or other

Address Monroe Sta Md Date signed Aug 10 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

08842

Reg. Dist. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Near Costen & Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Near Costen & Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. McCready Hospital
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Lester Franklin Walston

3.(b) Social Security Number: 220-03-0014

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: None
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 4 1919

8. AGE: Years	Months	Days	If less than one day
21	6	20	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business

FATHER
12. Name: Walter Walston
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Bell Hovlett
15. Birthplace: Crisfield Md

16. Informant: Walter Walston
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 26 1940 (month) (day) (year)
Cemetery or crematory: St Peters Cemetery
Location: Hopewell Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Aug. 25 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 24 1940 at about 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h... alive on Aug 24 1940

Immediate cause of death	DURATION
Concealed abdominal	
Due to Hemorrhage &	
Due to Pistol shotwounds	
in abdomen	
Other conditions	

William H. Coulbourn, M. D.
(Include pregnancy within 3 months) MEDICAL EXAMINER
Major findings of operation DEPUTY FOR SOMERSET COUNTY, MD.
Date of op.
Autopsy results yes
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident, suicide,~~ or homicide Date of Aug 24-40
Where did injury occur? Costen Somerset Md
(City or town) (County) (State)
Injured at ~~home, farm, factory,~~ public place (where?) Shady Oaks
Means of injury Shot Injured at work?

23. SIGNATURE Wm H Coulbourn M D
Address Crisfield Md M. D. or other Date signed Aug 25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08843

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Crisfield (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Crisfield Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Ward.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Geo. W. Ward.
Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9th 1860

8. AGE:

Years	Months	Days	If less than one day
80	7	4	hrs. min.

8. Birthplace Somerset Co. Md.
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Augustus Lawson
13. Birthplace Md.
MOTHER 14. Maiden name Sally Lawson
15. Birthplace Md.
16. Informant Mrs. Thos Corbourne
Address Crisfield. Md.
17. Burial (Burial, cremation, removal. When?) Date thereof Aug 15th 40 (month) (day) (year)
Cemetery or crematory Asbury Cemetery
Location near Crisfield
18. Funeral director J. D. Lawson & Son
Address Crisfield. Md.
19. Aug 14 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 13 1940 and that I last saw h alive on Aug 13 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arterio-vascular-Renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide - Date of
Where did injury occur? - (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. P. Schwatka M. D. or other
Address Crisfield Date signed Aug 13/40

RECEIVED
SEP 14 1910
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08844

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Somerset Registration Dist. No. 267

Village or City Hames Quarter No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roaland R. White If U. S. Veteran, specify WAR ...

(a) Residence: No. ... Hames Quarter, Md Ward ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 4 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Hames Quarter (State or country) Somerset Co. Md.

FATHER

13. NAME Richard R. White

14. BIRTHPLACE (city or town) Mc Kimley Park (State or country) Virginia

MOTHER

15. MAIDEN NAME Anne Mae Roberts

16. BIRTHPLACE (city or town) Hames Quarter (State or country) Somerset Co. Md.

17. INFORMANT Richard R. White (Address) Hames Quarter, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hames Quarter Date Sept 1, 1940

19. UNDERTAKER Fred T. Hebalus (Address) Deals Island Md

20. FILED Sept 1, 1940 Mrs W. D. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 31st, 1940 (Month) (Day) (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1940, to Aug. 31, 1940

I last saw him alive on Aug 31, 1940; death is said to have occurred on the date stated above, at 2:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-26-40

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Cedric L. Landman M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 5 1949
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

08845

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hoarce Williams

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Kattie Williams

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): Sept 18. 1865

8. AGE: Years 74 | Months 11 | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace: Kingston Somerset Co, Md
(Town, county, and state)

10. Usual occupation: Farmering

11. Industry or business

FATHER
12. Name: Arthur Wilson
13. Birthplace: Princess Anne Somerset Co,

MOTHER
14. Maiden name: Annie Williams
15. Birthplace: Kingston Somerset Co Md

16. Informant: Kattie Williams
Address: Kingston Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 3 1940 (month) (day) (year)

Cemetery or crematory: Warter Chapel Kingston Md

Location: Kingston Md

18. Funeral director: Chas H Ward
Address: Marion Md.

19. 9/3 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 31 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1939, to Aug 31 1940 and that I last saw him alive on Aug 30 1940

Immediate cause of death: Paralysis

Due to: Primary Cause: Cerebral Hemorrhage. Duration: A few days. C.W.G.R.

Due to

Other conditions: Rheumatism

(Include pregnancy within 3 months of death)

DURATION: Aug. 27 1940 to 31 — July 25 1939

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. J. Berkley M. D. M. D. or other

Address: Crisfield Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 2 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

08846

1. PLACE OF DEATH (93-d)

County Somerset — Registration Dist. No. 270

Village or City Crisfield — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Henry Hood — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 3/40 — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Pepper — (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown — (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown — (State or country)

17. INFORMANT Henry Evans — (Address) Crisfield Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL — Place Burial Colored Cemetery — Date Aug 6 it, 1940

19. UNDERTAKER J. D. Lawson — (Address) Crisfield, Md.

20. FILED Aug. 6, 1940 — C. E. Collins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__; death is said to have occurred on the date stated above, at 2 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
acute Cardiac Decompensation	

Other **Contributory Causes** of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) W. H. Coulbourne M. D.

(Address) Crisfield, Md.

DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 4 1930 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

08847

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Rt # 2 Eden, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Still Born infants County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born infant of Josephine Turner Wright

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	~~MARRIED~~ Infant

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1940

8. AGE: Years 1 | Months | Days | If less than one day

Still Born hrs. min.

9. Birthplace Rt # 2 - Eden, Md

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name Josephine Turner

15. Birthplace Somerset Co. Md

16. Informant Josephine Turner Wright

Address Rt # 2 - Eden, Md.

17. Burial Date thereof Aug 3rd 40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Eden Md

16. Funeral director Alfonso Gunthers

Address Eden Md.

19. Aug 3rd 1940 J. Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940, at 11.50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still Born 19 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Due to Premature Birth	
Due to an 7 Mos.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. H. Browne M.D.

M. D. or other

Address Salisbury Md Date signed 8/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

08848

Reg. Dist. No. 26 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Chance
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: —
Stay in hospital or Inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Chance Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel V Wright

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	B	Married

6 (b) Name of husband or wife: Charles Wright
6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): June 3 - 1887

8. AGE: Years: 53 Months: 1 Days: 23 If less than one day: hrs. min.

9. Birthplace: Chance md
(Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER
12. Name: Henry Jones
13. Birthplace: Chance md

MOTHER
14. Maiden name: Sarah Beckett
15. Birthplace: Chance, md

16. Informant: Charles Wright
Address: Chance md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 25-40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Chance Md

18. Funeral director: Fred I. Webster
Address: Deals Island Md

19. Aug 24 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22 1940, at H. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21 1940, to August 22 1940, and that I last saw h[illegible] alive on August 22 1940.

Immediate cause of death	DURATION
Influenza	2 days
Due to	
Due to	
Other conditions: Hypertensive Cardio-vascular disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: William J Resnick, M. D.
M. D. or other
Address: Deal Island, Maryland Date signed: Aug 23, 1940

RECEIVED
AUG 29 1940
BUREAU V. S.